

**DYNAMIC INTERIORS, INC.**

Hawaii Carpenters Trust Fund

2001

MONTH OF	CONTRIBUTION OWED	AMOUNT PAID	BALANCE	COMMENT
January '01	\$ 6,214.25	\$ 11,546.88	\$ (5,332.63)	KD Jt Ck#009890 dated 1/4/01
		\$ 11,546.88	\$ (16,879.51)	KD Jt Ck#010028 dated 1/24/01
February '01	\$ 8,475.20	\$ 5,876.91	\$ (14,281.22)	KD JtCk#010321 dated 2/27/01
		\$ 2,710.34	\$ (16,991.56)	Dynamic Ck dated 2/27/01
March '01	\$ 10,012.18	-	\$ (6,979.38)	
April '01	\$ 2,907.08	\$ 6,214.25	\$ (10,286.55)	KD Jt Ck#010739, dated 4/28/01
		\$ 8,000.00	\$ (18,286.55)	ABS Jt Ck#6782, dated 4/28/01
		\$ 475.20	\$ (18,761.75)	Dynamic Ck#345, dated 4/28/010
		\$ 374.09	\$ (19,135.84)	
May '01	\$ 4,037.92	\$ 7,700.00	\$ (22,797.92)	KD Jt Ck#11301, dated 5/31/01
June '01	\$ 4,555.16	-	\$ (18,242.76)	
July '01	\$ 9,142.57	\$ 2,907.08	\$ (12,007.27)	KD Jt Ck#011345 dated 7/11/01
August '01	\$ 6,823.00	\$ 1,000.00	\$ (6,184.27)	Dynamic Ck#579 dated 8/28/01
		\$ 246.64	\$ (6,430.91)	Dynamic Ck#559, dated 8/14/01
September '01	\$ 2,836.11	\$ 5,642.57	\$ (9,237.37)	Dynamic Ck#604 dated 9/5/01
		\$ 4,035.68	\$ (13,273.05)	RSI Jt Ck#42420 dated 9/5/01
		\$ 3,956.96	\$ (17,230.01)	ABS Jt Ck#9085 dated 9/30/01
		\$ 80.96	\$ (17,310.97)	Dynamic Ck#647 dated 9/30/01
October '01	\$ 1,526.92	\$ 1,016.15	\$ (16,800.20)	Dynamic Ck#687 dated 10/31/01
		\$ 4,035.68	\$ (20,835.88)	RSI JtCk#42420 dated 10/01/01
November '01	\$ 827.86	-	\$ (20,008.02)	
December '01	\$ 3,089.44	\$ 1,526.92	\$ (18,445.50)	Dynamic Ck#720 dated 12/3/01

EXHIBIT "A"

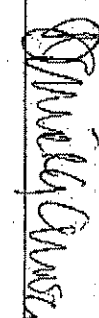
1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

**10** **RECEIVE DATE:**

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab., Lathers, Drywall) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust or \$20.00 per trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each trust. These rates vary and may approach or exceed 20% per annum.

SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL PORTS OR INFORMATION, PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.

412

<b>KD CONSTRUCTION, INC.</b> 1015 PAAPU STREET HONOLULU, HI 96819		<b>BANK OF HAWAII</b> Waikamalo Branch Honolulu, HI 96817		<u>59.102</u> 1213	<b>009890</b>
Pay: *****Eleven thousand five hundred forty-six dollars and 88 cents					
		DATE	AMOUNT		
		January 4, 2001	\$*****1,546.88		
					
PAY TO THE ORDER OF Dynamic Interiors and Hawaii Carpenters U/T Fund 904 KOHOA STREET, STE. #103 HONOLULU, HI 96819					

⑈009890⑈ ⑆121301028⑆ 0080⑈051889⑈

⑈0001154688⑈

*Eddie V. Aguilera*

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USER

FIRST HAWAIIAN BK  
HONOLULU HAWAII  
01-11-01 01 01000994  
>121301015X

The security features listed below are used on this document to help protect your information.

Security Feature	Description
Security Feature	Description
Security Feature	Description
Security Feature	Description

01/12/01  
21301028

<b>KD CONSTRUCTION, INC.</b> 1015 PAAPU STREET HONOLULU, HI 96819		<b>BANK OF HAWAII</b> Waikaimilo Branch Honolulu, HI 96817		50-102 1218	010028
Pay: *****Eleven thousand five hundred forty-six dollars and 88 cents					
PAY TO THE ORDER OF		DATE		AMOUNT	
Dynamic Interiors and Hawaii Carpenters Joint Trust 904 KOHOU STREET, STE. #103 HONOLULU, HI 96819		January 24, 2001		\$*****11,546.88	
<i>Samuel G. Ominig</i>					
⑈010028⑈ ⑆121301028⑆ 0080⑈051889⑈					
⑈0001151688⑈					

ENDORSED HERE

*[Handwritten signature]*

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

FIRST HAWAIIAN BK  
HONOLULU HAWAII  
10149455 02-26-01  
10149455 02-26-01 01 01000934  
>121301015<

The security features listed below, as well as those not listed, exceed industry guidelines.

02/27/01  
121301028  
2017523



## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS (800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES  
BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF

1 FEBRUARY, 2001

FEDERAL ID NUMBER 99-0353400

ACCOUNT NUMBER 19041 DL

STATE LICENSE NUMBER C19041

EMPLOYER NAME AND ADDRESS  
DYNAMIC INTERIORS, INC.  
904 KOHOU STREET, #103  
HONOLULU, HI 96817

DRYWALL/LATHERER

APR 17 2001

50% / 100%

FC

SIGNED BY OFFICE MANAGER

TITLE

2 TOTAL HOURS WORKED 610

3 COMPUTATION OF CONTRIBUTIONS

A	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY
0.00 /HR	4.27 /HR	0.50 /HR	5.00 /HR	4.50 /HR	4.86 /HR	5.25 /HR	0.30 /HR
\$	\$ 2,601.70	\$ 305.00	\$ 3,050.00	\$ 684.00	\$ 738.72	\$ 1,648.50	\$ 183.00
LIQUIDATED DAMAGES OR ADJUSTMENTS	\$ 345	NEN	NEN	NEN	NEN	NEN	NEN
TOTAL DUE EACH TRUST	\$ 475.20	\$	\$	\$	\$ 2,432.50	\$	\$

4 NOTE: THIS REPORT IS ONLY FOR:  
☐ CARPENTERS  
☐ DRYWALL  
☐ CAB. SHOP  
☐ LATHERS  
(CHECK ONE)  
TOTAL OF COLUMNS A-H \$ 4,115.20

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL

APPRENTICE 45% 50%

6 SOCIAL SECURITY NUMBER

7 TOTAL HOURS

8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.

475.20

475.20

MAIN BRANCH  
FIRST HAWAIIAN BANK  
TRUST GROUP  
P.O. BOX 3708  
HONOLULU, HAWAII 96811-9988

9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

475.20 - H/W NG  
- NCR

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EMPLOYEE CLASSIFICATION:

SHOULD YOU EMPLOY 1ST PERIOD APPRENTICES (40%), YOU MUST CLEARLY IDENTIFY THOSE EMPLOYEES BY PLACING AN ASTERISK (\*) NEXT TO THEIR NAME IN THE APPROPRIATE COLUMN. 1ST PERIOD APPRENTICES (40%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.

SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL INFORMATION, SEE: HAWAII CARPENTERS JOINT TRUST FUNDS EMPLOYER CONTROL DEPARTMENT.

TOTAL HOURS THIS PAGE 610

010321

CHECK DATE	CHECK DATE	CHECK NO.	TOTALS		CHECK AMOUNT
2-27-01	10321	6529.90	652.99	5876.91	

**BANK OF HAWAII**  
Waiakamilo Branch  
Honolulu, HI 96817

59-102  
1213

010321

DATE	AMOUNT
February 27, 2001	\$*****5,876.91

PAY Dynamic Interiors  
TO THE and Hawaii Carpenters Trust Fund  
ORDER 904 KOHOU STREET, STE. #103  
OF HONOLULU, HI 96819

Danielle Ann

010321 1213010281/ 0080 061889

USB FOR DEC. 2000

Living Year



## HCTF ADMINISTRATIVE CORPORATION

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

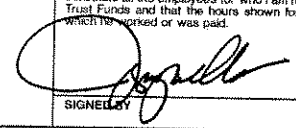
EXACT 1 - TRUST ADV

## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 941-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES  
BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>1 APRIL, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>	The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).  The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.  I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.
FEDERAL ID. NUMBER		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET, #103 HONOLULU, HI 96817</b>			 <b>office manager</b> TITLE
EMPLOYEE CLASSIFICATION <b>DRYWALL/LATHERER</b>			
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

2 TOTAL HOURS WORKED	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR:
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	0.00 /HR	4.32 /HR	0.50 /HR	5.00 /HR	4.55 /HR	4.92 /HR	5.50 /HR	0.30 /HR	<input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> LATHERS (CHECK ONE) TOTAL OF COLUMNS A-H
201	\$	\$ 868.32	\$ 100.50	\$ 1000.00	\$ 432.96	\$ 440.00	\$ 60.30		
LIQUIDATED DAMAGES OR ADJUSTMENTS	\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL DUE EACH TRUST	\$	\$ 868.32	\$ 100.50	\$ 1005.00	\$ 140.15	\$ 432.96	\$ 440.00	\$ 60.30	\$ 2,907.1

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45% 50%	6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
CASINAS, MARIO BOB			80	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
Calventas, Harold	40% *		33	
Granellos, Richard	X		88	
				9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

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TOTAL HOURS THIS PAGE

201

INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
3-20-01 99-0019-10	Repair BEQ	6904.72	690.47	6214.25
<b>TOTALS</b>		6904.72	690.47	CHECK AMOUNT 6214.25

CHECK DATE 4-24-01 CHECK NUMBER 10739

**KD CONSTRUCTION, INC.**  
1015 PAAPU STREET  
HONOLULU, HI 96819

**BANK OF HAWAII**  
Waikamilo Branch  
Honolulu, HI 96817

59-102  
1213

010739

y: \*\*\*\*\*Six thousand two hundred fourteen dollars and 25 cents

DATE  
April 24, 2001

AMOUNT  
\$\*\*\*\*\*6,214.25

Dynamic Interiors  
and Hawaii Carpenters Joint Trust  
904 KOHOU STREET, STE. #103  
HONOLULU, HI 96819

*Daniel G. Chung*

⑈010739⑈ ⑆121301028⑆ 0080⑈061889⑈

**CONSTRUCTION, INC.**  
Dynamic Interiors

010739

INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
-01 99-0019-10	Repair BEQ	6904.72	690.47	6214.25

CHECK DATE



			AMOUNT	DISCOUNT	NET AM
			8000.00		80
04/24/01	006782	** CHECK TOTALS:	8000.00		8000

# RAM CORPORATION

dba ALLIED BUILDERS SYSTEM

1717 Akahi Street

Honolulu, Hawaii 96819

Ph. (808) 847-3763

KAPIOLANI BRANCH  
FIRST HAWAIIAN BANK  
HONOLULU, HAWAII

59-101  
1213

VOID AFTER 90 DAYS

NO. 6782

***8,000 DOLLARS AND NO CENTS	DATE 04/24/01	CHECK NO. 006782	PAYEE I.D. DYNAMIC
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PAY  
TO THE  
ORDER  
OF

- DYNAMIC INTERIORS  
AND HAWAII CARPENTERS JOINT TRUST FUND  
904 KOHOU STREET, SUITE #103  
HONOLULU, HI 96817

PAY THIS AMOUNT  
\*\*\*\*\*8,000.00

*[Signature]*

⑈006782⑈ ⑆121301015⑆ 65⑈176432⑈

RAM CORPORATION dba ALLIED BUILDERS SYSTEM • 1717 Akahi Street • Honolulu, Hawaii 96819

6782

DATE	INVOICE NO.	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
12/6/01	2008	632 WAIMAHA	8000.00		8000.00
4/01	006782	** CHECK TOTALS:	8000.00		8000.00



**DYNAMIC INTERIORS, INC.**  
 GENERAL ACCOUNT  
 904 KOHOLOU STREET, SUITE 103  
 HONOLULU, HAWAII 96817  
 PHONE: (808) 841-0215

EXPLANATION	AMOUNT

PAY AMOUNT OF \*\*\*\*\*Four Hundred Seventy-five and 20/100\*\*\*\*\*

DOLLARS

CHECK AMOUNT

0345

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
4/2/01	HI Carpenters Trust Fund	Fringes & Benefits 2/01	0325

\$ 475.20

HAWAII NATIONAL BANK  
 HAWAII  
 MAIN BRANCH  
 HONOLULU, HAWAII

*Edie J. Smith*

⑈000345⑈ ⑆121301772⑆

120001112⑈

⑈00000047520⑈





ABSENCE OF ENDORSEMENT BY THE MAKER OF  
THIS CHECK IS GUARANTEED AND PROTECTED BY  
FIRST HAWAIIAN BANK  
THE PAYEE'S DULY APPOINTED AGENCY  
FOR DEPOSIT WITH  
FIRST HAWAIIAN BANK  
TRUST GROUP-ACCTG.  
Account No. 01-000934

>121301015<  
FIRST HAWAIIAN BANK  
THE SOUTHERN TRUST  
HONOLULU, HAWAII  
>121301015<

APR 10 2001

Back of  
Check # 345

>121301015<  
FIRST HAWAIIAN BK  
HONOLULU, HAWAII  
0301083866 04-10-01 02  
010000934  
20010411 0301083866 04-10-01 02  
INCL  
\* \* PAID \* \* PAID \* \* PAID \* \*



011031

		INVOICE AMOUNT	DEDUCTION	BALANCE
4-20-01 99-0019-11 Repair BEQ		8555.56	855.56	7700.
<b>CHECK DATE</b>	<b>CHECK DATE</b> 5-30-01	<b>CHECK NO.</b> 11031	<b>TOTALS</b>	<b>CHECK AMOUNT</b> 7700.
		8555.56	855.56	

**KD CONSTRUCTION, INC.**  
1015 PAAPU STREET  
HONOLULU, HI 96819

**BANK OF HAWAII**  
Waiakamilo Branch  
Honolulu, HI 96817

59-102  
1213

01103

Pay: \*\*\*\*\*Seven thousand seven hundred dollars and no cents

DATE  
May 30, 2001

AMOUNT  
\$\*\*\*\*\*7,700.00

**PAY**  
**TO THE**  
**ORDER**  
**OF**

Dynamic Interiors  
and Hawaii Carpenters Joint Trust  
904 KOHOU STREET, STE. #103  
HONOLULU, HI 96819

*Daniel G. Amig*

⑈011031⑈ ⑆121301028⑆ 0080⑈061889⑈

## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>1 June, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>
FEDERAL ID. NUMBER		STATE LICENSE NUMBER <b>C19041</b>
EMPLOYER NAME AND ADDRESS <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817</b>		
CARPENTER-DRYWALL <b>03/2001 DL</b>		
<p>The undersigned, as the authorized representative of the signatory Contractor herein agree to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation &amp; Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>		
SIGNED BY <i>[Signature]</i>		TITLE <b>owner Admin.</b>

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

2 TOTAL HOURS WORKED	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> LATHERS (CHECK ONE) TOTAL OF COLUMNS A-H
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
<b>294</b>	<b>4.32</b>	<b>.50</b>	<b>5.00</b>	<b>4.55</b>	<b>4.92</b>	<b>5.50</b>	<b>.30</b>		
	/HR @ 294	/HR @ 294	/HR @ 294	/HR @ 294	/HR @ 64	/HR @ 230	/HR @ 294		
LIQUIDATED DAMAGES OR ADJUSTMENTS	\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL DUE EACH TRUST	\$	\$ <b>1270.00</b>	\$ <b>147.00</b>	\$ <b>1470.00</b>	\$ <b>0</b>	\$ <b>31488</b>	\$ <b>1265.00</b>	\$ <b>88.20</b>	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
	45%	50%			
<b>CASINAS, BERT</b>				<b>97</b>	<b>MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988</b>
<b>Mendoza, Michael</b>				<b>103</b>	
<b>Graellos, Richard</b>	<b>X</b>			<b>64</b>	
					<b>9 NO EMPLOYEES:</b> THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

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TOTAL HOURS THIS PAGE

294



## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

119B DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>1 July, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>	The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).  The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.  I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.
FEDERAL I.D. NUMBER	STATE LICENSE NUMBER <b>C19041</b>		
EMPLOYER NAME AND ADDRESS  <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817</b>			
CARPENTER-DRYWALL <b>03/2001 DL</b>			
SIGNED BY <i>[Signature]</i> TITLE <i>Secretary</i>			

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

2 TOTAL HOURS WORKED  <b>586.50</b>	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> LATHERS (CHECK ONE) TOTAL OF COLUMNS A-H
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	4.32	.50	5.00	4.55	4.92	5.50	.30		
LIQUIDATED DAMAGES OR ADJUSTMENTS									
TOTAL DUE TO TRUST	\$2,533.68	\$293.25	\$292.50	\$0	\$157.44	\$304.15	\$176.95	\$9142.51	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45% 50%	6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
CASINAS, B		575-60-1247	122.50	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
PAGDILAO, B		575-31-6991	138	
LAGRID, N		576-19-3811	02	
SALVATERRA, D		575-88-1278	74	
Mendoza, M		576-71-9139	138	
GRACILLOS, R	✓	576-79-6475	32	9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.

**DYNAMIC INTERIORS, INC.**  
GENERAL ACCOUNT  
904 KOHOU STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

59-177/1213

0604

PAY AMOUNT OF

Five thousand six hundred forty two + 57/100 DOLLARS

CHECK AMOUNT

DATE <b>7/5/01</b>	TO THE ORDER OF <b>Hawaii Carpenters Joint Trust Funds</b>	DESCRIPTION <b>July 2001 Report</b>	CHECK NUMBER <b>604</b>	\$ <b>5,642.51</b>
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HAWAII NATIONAL BANK  
HAWAII  
MAIN BRANCH  
HONOLULU, HAWAII

*[Signature]*

⑈000604⑈ ⑆121301772⑆ 120001112⑈


maximum rates permitted by law and specified in the Trust Agreement of each trust. These rates vary and may approach or exceed 20% per annum.

## EMPLOYEE CLASSIFICATION:

SHOULD YOU EMPLOY 1ST PERIOD APPRENTICES (40%), YOU MUST CLEARLY IDENTIFY THOSE EMPLOYEES BY PLACING AN ASTERISK (\*) NEXT TO THEIR NAME IN THE APPROPRIATE COLUMN. 1ST PERIOD APPRENTICES (40%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.  
SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL REPORTS OR INFORMATION, PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.

TOTAL HOURS THIS PAGE

586.50

*Ed's copy*



011345

**KD CONSTRUCTION, INC.**  
1015 PAAPU STREET  
HONOLULU, HI 96819

59-102  
1213

011345

DATE	AMOUNT
July 9, 2001	\$*****2,907.08

PAY Dynamic Interiors  
TO THE and Hawaii Carpenters Joint Trust  
ORDER 904 KOHOU STREET, STE. #103  
OF HONOLULU, HI 96819

Daniel G. Chute

0011345 1213010281 0080061889

# HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>August, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>	<p>The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation &amp; Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>
FEDERAL ID. NUMBER		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS  <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817</b>			<p>SIGNED BY <i>[Signature]</i> TITLE <i>[Signature]</i></p>
CARPENTER-DRYWALL 03/2001 DL			

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

TOTAL HOURS WORKED	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
38	/HR	4.32	.50	5.00	4.55	4.92	5.50	.30	
\$		\$1892.16	\$219.00	\$2190.00	\$	\$157.44	\$2233.00	\$121.40	
LIQUIDATED DAMAGES OR ADJUSTMENTS									
TOTAL DUE TO TRUST		\$1892.16	\$219.00	\$2190.00	\$	\$157.44	\$2233.00	\$121.40	\$6822.00

EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS
	45%	50%		
ALARIO, NOKI				18
ALDILAO, PANTANIN				148
ALVATEKA, DAVID				56
IRAEELLS, RICHARD		X		32
DYNAMIC CR# 579			Somnerman 406	
ph \$1057.70				
DYNAMIC CR# 604			\$5042.57	
Ralph S. Inouye \$99,080.25			\$4,035.68	

8 APPLICABLE PAYMENT:  
THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.

MAIN BRANCH  
FIRST HAWAIIAN BANK  
TRUST GROUP  
P.O. BOX 3708  
HONOLULU, HAWAII 96811-9988

9 NO EMPLOYEES:  
THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH.  
PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

### 10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall.) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 10% of contributions due each month.